

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE JUDICIAL DISTRICT OF PUERTO RICO**

IN RE:

LUIS FRANCISCO GONZALEZ COLON  
MARILYN RODRIGUEZ RIOS

DEBTOR(S)

CASE NO.: 14-08398 BKT

CHAPTER 7

**STATEMENT INFORMING AMENDED SCHEDULE A/B, C, E/F, I, J, STATEMENT OF  
CURRENT MONTHLY INCOME (SCMI) AND STATEMENT OF INTENTIONS FOR  
INDIVIDUALS FILING UNDER CHAPTER 7**

TO THE HONORABLE COURT:

Come(s) debtor represented by the undersigned attorney and most respectfully  
EXPOSE(S) and PRAY(S):

1. Debtor(s) is/are filing the following amendments, herein attached, to the forms and schedules in the instant case:
  - a. Amended Schedule A/B to reflect Debtors' current property.
  - b. Amended Schedule C to claim the corresponding exemptions over property.
  - c. Amended Schedule I to disclose current income and employer.
  - d. Amended Schedule J to disclose Debtors' correct and current expenses.
  - e. Amended Schedule E/F to include an expired lease claim.
  - f. Amended SCMI to reflect Debtors' current monthly income and lack of presumption of abuse.
  - g. Debtors are also filing their Statement of Intentions for Individuals Filing Under Chapter 7, to inform their intentions pertaining property securing claims.

We hereby certify that the information in the amended document is correct and

the purpose of the amendment is to clarify the changed information.

**/s/ LUIS FRANCISCO GONZALEZ COLON**  
**/s/ MARILYN RODRIGUEZ RIOS**

WHEREFORE, Debtor(s) respectfully request(s) from this Honorable Court to take notice of the aforementioned.

**NOTICE:** Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the clerk's office of the United States Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the court, the interest of justice requires otherwise.

RESPECTFULLY SUBMITTED.

In Caguas, Puerto Rico, this 29<sup>th</sup> day of May 2018.

I hereby certify that on this same date, I electronically filed the foregoing with the Clerk of the Court using CM/ECF System which will send notification of such filing to the parties registered in the CM/ECF System. All other parties have been notified by the United States Postal mailing service.

**/S/ JOSÉ A. LEÓN LANDRAU, ESQ.**

JOSÉ A. LEÓN LANDRAU (131506)  
Attorney for Debtor(s)  
P.O. Box 1687  
Caguas, Puerto Rico 00626  
Phone: (787) 746-797  
Fax: (787) 961-9348



Fill in this information to identify your case and this filing:

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
First Name Middle Name Last Name

Debtor 2 **MARILYN RODRIGUEZ RIOS**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **14-08398 BKT**

☒ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: **JEEP**  
 Model: **CHEROKEE**  
 Year: **2002**  
 Approximate mileage: **215,202.00**  
 Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$1,800.00</b>	<b>\$1,800.00</b>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$1,800.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
 Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT****6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....**HOUSEHOLD GOODS****\$1,500.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☒ No☐ Yes. Describe.....**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....**PROFESIONAL BOOKS****\$600.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**WEARING APPAREL****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**FURS AND JEWELRY****\$150.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$2,750.00**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

**CASH ON HAND**

**\$15.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **CHECKING**

**BANK OF AMERICA XXX9124**

**\$2,340.00**

17.2. **CHECKING**

**FIRST BANK OF PR XXXX3106**

**\$15.00**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the**

**portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**Massachusetts State 2017 Income Tax**  
**\$118.00**

**\$118.00**

**2017 FEDERAL income tax \$353.00**

**\$353.00**

**2017 PUERTO RICO INCOME TAX \$948.00**

**\$948.00**

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
 Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$3,789.00**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☒ No

☐ Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No

☒ Yes. Describe.....

**OFFICE SUPPLIES AND EQUIPMENT**

**\$1,500.00**

**41. Inventory**

☒ No

☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:



Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

**43. Customer lists, mailing lists, or other compilations**

☒ No.

☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☒ No

☐ Yes. Describe.....

**44. Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$1,500.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2 .....</b>		<b>\$0.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$1,800.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$2,750.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$3,789.00</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$1,500.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>+</b> <b>\$0.00</b>	
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$9,839.00</b>	<b>Copy personal property total \$9,839.00</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$9,839.00</b>

## Fill in this information to identify your case:

Debtor 1	<b>LUIS FRANCISCO GONZALEZ COLON</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>MARILYN RODRIGUEZ RIOS</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number (if known)	14-08398 BKT		

☒ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1:** Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2002 JEEP CHEROKEE 215,202.00 miles</b> Line from <i>Schedule A/B</i> : 3.1	<b>\$1,800.00</b>	<input checked="" type="checkbox"/> <b>\$1,800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
<b>HOUSEHOLD GOODS</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
<b>PROFESIONAL BOOKS</b> Line from <i>Schedule A/B</i> : 8.1	<b>\$600.00</b>	<input checked="" type="checkbox"/> <b>\$600.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)
<b>WEARING APPAREL</b> Line from <i>Schedule A/B</i> : 11.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>FURS AND JEWELRY</b> Line from <i>Schedule A/B</i> : 12.1	<b>\$150.00</b>	<input checked="" type="checkbox"/> <b>\$150.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>CASH ON HAND</b> Line from Schedule A/B: <b>16.1</b>	<b>\$15.00</b>	<input checked="" type="checkbox"/> <b>\$15.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(5)</b>
<b>CHECKING: FIRST BANK OF PR XXXX3106</b> Line from Schedule A/B: <b>17.2</b>	<b>\$15.00</b>	<input checked="" type="checkbox"/> <b>\$15.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>CHECKING: BANK OF AMERICA XXX9124</b> Line from Schedule A/B: <b>17.1</b>	<b>\$2,340.00</b>	<input checked="" type="checkbox"/> <b>\$2,340.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Massachusetts State 2017 Income Tax \$118.00</b> Line from Schedule A/B: <b>28.1</b>	<b>\$118.00</b>	<input checked="" type="checkbox"/> <b>\$118.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>2017 FEDERAL income tax \$353.00</b> Line from Schedule A/B: <b>28.2</b>	<b>\$353.00</b>	<input checked="" type="checkbox"/> <b>\$353.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>2017 PUERTO RICO INCOME TAX \$948.00</b> Line from Schedule A/B: <b>28.3</b>	<b>\$948.00</b>	<input checked="" type="checkbox"/> <b>\$948.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>OFFICE SUPPLIES AND EQUIPMENT</b> Line from Schedule A/B: <b>40.1</b>	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(d)(6)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
First Name Middle Name Last Name

Debtor 2 **MARILYN RODRIGUEZ RIOS**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **14-08398 BKT**  
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>HACIENDA</b> <small>Priority Creditor's Name</small> <b>DEPARTAMENTO DE HACIENDA</b> <b>PO BOX 9024140</b> <b>SAN JUAN, PR 00902</b> <small>Number Street City State Zip Code</small>	<b>Last 4 digits of account number</b> <b>6209</b>	<b>\$2,960.54</b>	<b>\$2,960.54</b>
	<b>When was the debt incurred?</b>			<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
				<b>2010, 2011, 2012 STATE TAXES</b>

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

2.2	<b>IRS</b> Priority Creditor's Name <b>INTERNAL REVENUE SERVICES</b> <b>PO BOX 7346</b> <b>PHILADELPHIA, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <b>6209</b>	<b>\$16,787.89</b>	<b>\$8,981.00</b>	<b>\$7,806.89</b>
	When was the debt incurred? _____				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>FEDERAL TAX RETURNS</b>					

2.3	<b>MUNICIPIO AUTONOMO DE CAGUAS</b> Priority Creditor's Name <b>DEPARTAMENTO DE FINANZAS</b> <b>APARTADO 907</b> <b>CAGUAS, PR 00726</b> Number Street City State Zip Code	Last 4 digits of account number <b>6209</b>	<b>\$2,138.33</b>	<b>\$2,138.33</b>	<b>\$0.00</b>
	When was the debt incurred? _____				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>MUNICIPALITY PATENT</b>					

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

4.1

**AT&T**

Nonpriority Creditor's Name

**PO BOX 15067**

**SAN JUAN, PR 00902-8567**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1094**

**\$360.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **UTILITY COMPANY**

4.2

**CITIBANK**

Nonpriority Creditor's Name

**PO BOX 70301**

**SAN JUAN, PR 00936-8301**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9539**

**\$2,506.09**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **CREDIT CARD**

4.3

**EMANUEL ALVARADO**

Nonpriority Creditor's Name

**CALLE 1 A5**

**CONDADO MODERNO**

**Caguas, PR 00725**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$6,800.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **EXPIRED LEASE DEBT**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

4.4

**FIRST BANK**

Nonpriority Creditor's Name

**PO BOX 9146**

**SAN JUAN, PR 00908-0146**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5304**

**\$11,500.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **AUTO LOAN DEFICIENCY**

4.5

**FIRST BANK**

Nonpriority Creditor's Name

**PO BOX 9146**

**SAN JUAN, PR 00908-0146**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4910**

**\$480.24**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **CREDIT CARD**

4.6

**JULIA ANNABEL PRIMERO  
MIRANDA**

Nonpriority Creditor's Name

**LCDO EFRAIN GUZAM MOLLET  
EL VEDADO 471-A ALTOS AVE  
HOSTOS**

**SAN JUAN, PR 00918**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1012**

**\$10,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **TORT**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

4.7

**LCDA JOHANNY MARTINEZ BATISTA**

Nonpriority Creditor's Name

**PO BOX 816**

**BAYAMON, PR 00960-0816**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1012**

**\$543.75**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **SERVICES**

4.8

**LCDA JOSE V ELAZQUEZ GRAU**

Nonpriority Creditor's Name

**PO BOX 251**

**CAGUAS, PR 00726**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0104**

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.9

**LCDO PEDRO ORTIZ ALVAREZ LLC**

Nonpriority Creditor's Name

**PO BOX 9009**

**PONCE, PR 00732-9009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$9,091.80**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **SERVICES**



Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

4.1  
0

**MARIBEL LABOY PADILLA**

Last 4 digits of account number **1300**

**\$5,050.00**

Nonpriority Creditor's Name

**MC 65 BOX 6481**

**PATILLAS, PR 00723**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **CLAIMS TORT**

4.1  
1

**MRT LAW OFFICES PSC**

Last 4 digits of account number **5**

**\$803.42**

Nonpriority Creditor's Name

**PO BOX 7255**

**CAGUAS, PR 00726-7255**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **SERVICES**

4.1  
2

**SALLIE MAE**

Last 4 digits of account number **1201**

**\$42,500.00**

Nonpriority Creditor's Name

**DEPARTMENT OF EDUCATION  
LOAN**

**PO BOX 9635**

**WILKES- BARRE, PA 18773-9635**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **STUDENT LOAN**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know)

**14-08398 BKT**

4.1  
3

**SANTANDER**

Last 4 digits of account number **4731**

**\$14,000.00**

Nonpriority Creditor's Name

**BANCO SANTANDER**

**PO BOX 362589**

**SAN JUAN, PR 00936-2589**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **LOAN**

4.1  
4

**SAUL TORRES RIVERA**

Last 4 digits of account number **0103**

**\$4,000.00**

Nonpriority Creditor's Name

**LCDO JAIME H BARCELO SOSA**

**PO BOX 367546**

**SAN JUAN, PR 00936**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **TORT**

4.1  
5

**SR EDWIN PAEZ HERNANDEZ**

Last 4 digits of account number **0104**

**\$9,000.00**

Nonpriority Creditor's Name

**LCDA DALIANA M RAMOS**

**ROSADO**

**PO BOX 9011**

**CAGUAS, PR 00726**

Number Street City State Zip Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **JUDGEMENT**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know) **14-08398 BKT**

4.1 6	<b>TOYOTA</b> <hr/> Nonpriority Creditor's Name <b>TOYOTA CREDIT DE PR CORP</b> <b>PO BOX 71410</b> <b>SAN JUAN, PR 00936-8510</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0001</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>AUTO LOAN DEFICIENCY</b>	<b>\$1,177.00</b>
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4.1 7	<b>TOYOTA</b> <hr/> Nonpriority Creditor's Name <b>TOYOTA CREDIT DE PR CORP</b> <b>PO BOX 71410</b> <b>SAN JUAN, PR 00936-8510</b> <hr/> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>001F</b> <hr/> <b>When was the debt incurred?</b> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>AUTO LOAN</b>	<b>\$23,700.00</b>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>A AND J COLLECTION AGENCY INC</b> <b>PO BOX 1010</b> <b>CAMUY, PR 00627</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number

Name and Address <b>CRESCA CORPORATION</b> <b>PMB 92</b> <b>PO BOX 71325</b> <b>SAN JUAN, PR 00936</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number

Name and Address <b>EOS CCA</b> <b>PO BOX 981025</b> <b>BOSTON, MA 02298-1025</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Last 4 digits of account number

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if know) **14-08398 BKT**

Name and Address

**LCDR DALIANA M RAMOS ROSADO  
VELAZQUEZ GRAU AND RUIZ  
FERNANDEZ  
PO BOX 9011  
CAGUAS, PR 00726**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**PORTFOLIO RECOVERY  
ASSOCIATES LLC  
120 CORPORATE BLVD  
NORFOLK, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US DEPARTMENT OF EDUCATION  
CONSOLIDATION DEPARTMENT  
PO BOX 242800  
LOUISVILLE, KY 40224-2800**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>21,886.76</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>21,886.76</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>141,512.30</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>141,512.30</b>

Fill in this information to identify your case:

Debtor 1 LUIS FRANCISCO GONZALEZ COLON

Debtor 2 MARILYN RODRIGUEZ RIOS  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 14-08398 BKT  
(If known)

Check if this is:

- ☒ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

- ☒ Employed  
☐ Not employed

CONSULTANT

SUNRISE BEHAVIORIAL  
HEALTH CLINIC

Springfield, MA 01101

5 MONTHS

##### Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>6,459.92</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>6,459.92</u>	\$ <u>N/A</u>

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>6,459.92</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,397.52</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify:	5h.+ \$ <b>0.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>1,397.52</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>5,062.40</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	\$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>5,062.40</b> + \$ <b>N/A</b>	= \$ <b>5,062.40</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>5,062.40</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 LUIS FRANCISCO GONZALEZ COLON

Debtor 2 MARILYN RODRIGUEZ RIOS  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO

Case number 14-08398 BKT  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

12

☐ No

☒ Yes

Son

16

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,000.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 150.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	<u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>328.00</u>
6d. Other. Specify: <b>LUNCHES</b>	6d. \$	<u>400.00</u>

**7. Food and housekeeping supplies**

7. \$ 800.00

**8. Childcare and children's education costs**

8. \$ 400.00

**9. Clothing, laundry, and dry cleaning**

9. \$ 300.00

**10. Personal care products and services**

10. \$ 250.00

**11. Medical and dental expenses**

11. \$ 200.00

**12. Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.

12. \$ 350.00

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ 75.00

**14. Charitable contributions and religious donations**

14. \$ 20.00

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>600.00</u>
15c. Vehicle insurance	15c. \$	<u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_

16. \$ 0.00

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ 232.00

**19. Other payments you make to support others who do not live with you.**

\$ 0.00

Specify: \_\_\_\_\_

19.

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>

**21. Other:** Specify: **GAS**

21. +\$ 10.00

**VEHICLE MAINTENANCE**

+\$ 150.00

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.  
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  
22c. Add line 22a and 22b. The result is your monthly expenses.

\$	<u>5,265.00</u>
\$	
\$	<u>5,265.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.  
23b. Copy your monthly expenses from line 22c above.

23a. \$	<u>5,062.40</u>
23b. -\$	<u>5,265.00</u>

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$	<u>-202.60</u>
---------	----------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: \_\_\_\_\_



**Fill in this information to identify your case:**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
First Name Middle Name Last Name

Debtor 2 **MARILYN RODRIGUEZ RIOS**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **14-08398 BKT**  
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ LUIS FRANCISCO GONZALEZ COLON  
**LUIS FRANCISCO GONZALEZ COLON**  
Signature of Debtor 1

Date May 29, 2018

X /s/ MARILYN RODRIGUEZ RIOS  
**MARILYN RODRIGUEZ RIOS**  
Signature of Debtor 2

Date May 29, 2018

**Fill in this information to identify your case:**

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
First Name Middle Name Last Name

Debtor 2 **MARILYN RODRIGUEZ RIOS**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **14-08398 BKT**  
(if known)

☐ Check if this is an amended filing

## Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <b>LA FAMILIA PAWN</b>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
securing debt:	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]: <b>PROPERTY SOLD TO A THIRD PARTY /DEBT CANCELLED UNDER CHAPTER 13 CASE</b>	

### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: <b>CWA INC</b>	<input type="checkbox"/> No
	<input checked="" type="checkbox"/> Yes
Description of leased Property: <b>BUSINESS SPACE LEASE AGREEMENT \$400.00 MONTHLY</b>	

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

Lessor's name: **DRA LESLIE COLON FREYRE**

☐ No

☒ Yes

Description of leased Property: **BUSINESS SPACE LEASE AGREEMENT  
\$600.00 MONTHLY**

Lessor's name: **LCDA JANET I NIEVES ROSARIO**

☐ No

☒ Yes

Description of leased Property: **BUSINESS SPACE LEASE AGREEMENT  
\$400.00 MONTHLY**

Lessor's name: **LCDA LORRAINE T MORALES CORREA**

☐ No

☒ Yes

Description of leased Property: **BUSINESS SPACE LEASE AGREEMENT  
\$400.00 MONTHLY**

Lessor's name: **MR MANUEL ALVARADO ALVARADO**

☐ No

☒ Yes

Description of leased Property: **BUSINESS SPACE LEASE AGREEMENT  
(\$400.00 MONTHLY)**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ LUIS FRANCISCO GONZALEZ COLON  
**LUIS FRANCISCO GONZALEZ COLON**  
Signature of Debtor 1

X /s/ MARILYN RODRIGUEZ RIOS  
**MARILYN RODRIGUEZ RIOS**  
Signature of Debtor 2

Date May 29, 2018

Date May 29, 2018

Fill in this information to identify your case:

Debtor 1 LUIS FRANCISCO GONZALEZ COLON  
 Debtor 2 MARILYN RODRIGUEZ RIOS  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: District of Puerto Rico  
 Case number 14-08398 BKT  
 (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☒ Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 2,873.58	\$ 892.50
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1  
Debtor 2

**LUIS FRANCISCO GONZALEZ COLON**  
**MARILYN RODRIGUEZ RIOS**

Case number (if known)

**14-08398 BKT**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b> Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you ..... \$ <b>0.00</b> For your spouse ..... \$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. ..... \$ <b>0.00</b> ..... \$ <b>0.00</b> Total amounts from separate pages, if any. <b>+</b> \$ <b>0.00</b>	\$ <b>0.00</b>	\$ <b>0.00</b>
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <b>2,873.58</b>	<b>+</b> \$ <b>892.50</b> = \$ <b>3,766.08</b> <div style="text-align: right; font-size: small;">Total current monthly income</div>

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 ..... **Copy line 11 here=>** \$ **3,766.08**

Multiply by 12 (the number of months in a year) **x 12**

12b. The result is your annual income for this part of the form **12b.** \$ **45,192.96**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. **PR**

Fill in the number of people in your household. **4**

Fill in the median family income for your state and size of household. **13.** \$ **32,338.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ LUIS FRANCISCO GONZALEZ COLON**

**LUIS FRANCISCO GONZALEZ COLON**

Signature of Debtor 1

Date **May 29, 2018**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**X /s/ MARILYN RODRIGUEZ RIOS**

**MARILYN RODRIGUEZ RIOS**

Signature of Debtor 2

Date **May 29, 2018**

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 LUIS FRANCISCO GONZALEZ COLON

Debtor 2 MARILYN RODRIGUEZ RIOS  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Puerto Rico

Case number 14-08398 BKT  
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☒ Check if this is an amended filing

## Official Form 122A - 2 Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

**Part 1:** Determine Your Adjusted Income

1. Copy your total current monthly income. \_\_\_\_\_ Copy line 11 from Official Form 122A-1 here=>..... \$ 3,766.08

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.

☒ Yes. Is your spouse Filing with you?

☐ No. Go to line 3.

☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 for the total on line 3.

☐ Yes. Fill in the information below:

**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

**Fill in the amount you are subtracting from your spouse's income**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total. \_\_\_\_\_

\$ 0.00

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 3,766.08

Debtor 1  
Debtor 2LUIS FRANCISCO GONZALEZ COLON  
MARILYN RODRIGUEZ RIOS

Case number (if known)

14-08398 BKT

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,650.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

- 7a. Out-of-pocket health care allowance per person \$ 49
- 7b. Number of people who are under 65 X 4
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$ 196.00 Copy here=> \$ 196.00

**People who are 65 years of age or older**

- 7d. Out-of-pocket health care allowance per person \$ 117
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

- 7g. **Total.** Add line 7c and line 7f \$ 196.00 Copy total here=> \$ 196.00

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- ☒ **Housing and utilities - Insurance and operating expenses**
- ☒ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ **594.00**

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$ **859.00**

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
<b>-NONE-</b>	\$

Total average monthly payment \$ **0.00** Copy here=> -\$ **0.00** Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0. \$ **859.00** Copy here=> \$ **859.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ **0.00**

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **250.00**



Debtor 1  
Debtor 2

**LUIS FRANCISCO GONZALEZ COLON**  
**MARILYN RODRIGUEZ RIOS**

Case number (if known)

**14-08398 BKT**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<b>LA FAMILIA PAWN</b>	\$ <b>25.00</b>

Total Average Monthly Payment

\$ **25.00**

Copy here => -\$ **25.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0.

\$ **460.00**

Copy net Vehicle 1 expense here => \$ **460.00**

**Vehicle 2 Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$

Total Average Monthly Payment

\$

Copy here => -\$ **0.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. ....

\$ **0.00**

Copy net Vehicle 2 expense here => \$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1  
Debtor 2

**LUIS FRANCISCO GONZALEZ COLON**  
**MARILYN RODRIGUEZ RIOS**

Case number (if known)

**14-08398 BKT**

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 698.11
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 4,707.11  
Add lines 6 through 23.

Debtor 1  
Debtor 2**LUIS FRANCISCO GONZALEZ COLON**  
**MARILYN RODRIGUEZ RIOS**

Case number (if known)

**14-08398 BKT****Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 0.00Disability insurance \$ 0.00Health savings account + \$ 0.00

Total

\$ 0.00Copy total here=> \$ 0.00

Do you actually spend this total amount?



No. How much do you actually spend?



Yes

\$ 0

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

\$ 0.00

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 52.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 52.00

Case number (if known) **14-08398 BKT**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

### Mortgages on your home:

Average monthly payment

33a. Copy line 9b here => \$ 0.00

**Loans on your first two vehicles:**

33b. Copy line 13b here => \$ **25.00**

33c. Copy line 13e here => \$ 0.00

33d. List other secured debts:

Name of each creditor for other secured debt

**Identify property that secures the debt**

**Does payment include taxes or insurance?**

**-NONE-**

☐ No☐ Yes

\$

☐ No☐ Yes

\$

☐ No☐ Yes

+\$.

33e. Total average monthly payment. Add lines 33a through 33d

\$	25.00
----	-------

Copy  
total  
here=> \$ 25.00

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor

**Identify property that secures the debt**

**Total cure amount**

Monthly cure  
amount

**-NONE-**

$$\text{\$} \quad \div 60 = \text{\$}$$

Total	\$	0.00
-------	----	------

Copy total here=>	\$	0.00
-------------------------	----	------

35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims                                 \$      **14,079.87** ÷ 60 = \$      **234.66**

Debtor 1  
Debtor 2LUIS FRANCISCO GONZALEZ COLON  
MARILYN RODRIGUEZ RIOS

Case number (if known)

14-08398 BKT

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
- ☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X \_\_\_\_\_

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ \_\_\_\_\_

Copy total  
here=> \$ \_\_\_\_\_**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

\$ **259.66****Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, *All of the expenses allowed under IRS expense allowances* .....\$ **4,707.11**Copy line 32, *All of the additional expense deductions* .....\$ **52.00**Copy line 37, *All of the deductions for debt payment* .....+\$ **259.66**

Total deductions

\$ **5,018.77**Copy total here.....=> \$ **5,018.77****Part 3: Determine Whether There is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**39a. Copy line 4, *adjusted current monthly income* .....\$ **3,766.08**39b. Copy line 38, *Total deductions* .....-\$ **5,018.77**39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a\$ **-1,252.69**Copy  
here=> \$ **-1,252.69**

For the next 60 months (5 years) ..... x 60

39d. Total. Multiply line 39c by 60

39d. \$ **-75,161.40**Copy  
here=>\$ **-75,161.40****40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☐ **The line 39d is less than \$7,700\*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **The line 39d is more than \$12,850\*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.
- ☐ **The line 39d is at least \$7,700\*, but not more than \$12,850\*.** Go to line 41.

\*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1  
Debtor 2

**LUIS FRANCISCO GONZALEZ COLON**  
**MARILYN RODRIGUEZ RIOS**

Case number (if known)

**14-08398 BKT**

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

\$ \_\_\_\_\_  
x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)  
Multiply line 41a by 0.25.....

\$ \_\_\_\_\_

Copy  
here=>

\$ \_\_\_\_\_

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**  
Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

**Part 4: Give Details About Special Circumstances**

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

**Give a detailed explanation of the special circumstances**

**Average monthly expense  
or income adjustment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ LUIS FRANCISCO GONZALEZ COLON**

**LUIS FRANCISCO GONZALEZ COLON**

Signature of Debtor 1

Date **May 29, 2018**

MM / DD / YYYY

**X /s/ MARILYN RODRIGUEZ RIOS**

**MARILYN RODRIGUEZ RIOS**

Signature of Debtor 2

Date **May 29, 2018**

MM / DD / YYYY

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

### Current Monthly Income Details for the Debtor

**Debtor Income Details:**

Income for the Period **09/01/2017** to **02/28/2018**.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Employer : SUNRISE BEHAVIORIAL HEALTH CLI**

Constant income of **\$2,873.58** per month.\*

Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

### Current Monthly Income Details for the Debtor's Spouse

#### Spouse Income Details:

Income for the Period **09/01/2017** to **02/28/2018**.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Employer : MUNICIPIO AUTONOMO DE CAGUAS**

Constant income of **\$892.50** per month.\*



Debtor 1 **LUIS FRANCISCO GONZALEZ COLON**  
Debtor 2 **MARILYN RODRIGUEZ RIOS**

Case number (if known) **14-08398 BKT**

**\*Paycheck Details:**

**SUNRISE BEHAVIORIAL HEALTH CLINIC**

Date	Earnings	Overtime	Taxes	Other	Net Check
2017-12-08	1,312.50	0.00	219.66	0.00	1,092.84
2017-12-22	2,327.50	0.00	498.87	0.00	1,828.63
2018-01-05	2,736.50	0.00	612.36	0.00	2,124.14
2018-01-19	3,337.00	0.00	779.01	0.00	2,557.99
2018-02-02	3,726.00	0.00	801.39	0.00	2,924.61
2018-02-16	3,802.00	0.00	826.37	0.00	2,975.63
2018-03-02	3,629.00	0.00	777.39	0.00	2,851.61
Totals:	20,870.50	0.00	4,515.05	0.00	16,355.45

**MUNICIPIO AUTONOMO DE CAGUAS**

Date	Earnings	Overtime	Taxes	Other	Net Check
2017-10-26	1,830.00	0.00	128.10	76.13	1,625.77
2017-11-16	2,250.00	0.00	157.50	0.00	2,092.50
2018-01-11	1,275.00	0.00	89.25	0.00	1,185.75
Totals:	5,355.00	0.00	374.85	76.13	4,904.02

LUIS FRANCISCO GONZALEZ COLON  
PMB 289200  
AVE RAFAEL CORDERO SUITE 140  
CAGUAS, PR 00725

DRA LESLIE COLON FREYRE  
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ALTOS DE LA FUENTE  
CAGUAS, PR 00725

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MARILYN RODRIGUEZ RIOS  
PMB 289200  
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CAGUAS, PR 00725

EMANUEL ALVARADO  
CALLE 1 A5  
CONDADO MODERNO  
CAGUAS, PR 00725

LCDA JANET I NIEVES ROSARIO  
COMUNIDAD GONZALEZ  
CALLE SAN MIGUEL ARCANGEL BB  
AGUIRRE, PR 00704

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FIRST BANK  
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LCDA JOSE V ELAZQUEZ GRAU  
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AT&T  
PO BOX 15067  
SAN JUAN, PR 00902-8567

FIRST BANK  
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WOODCLIFF LAKE, NJ 07677-7731

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DEPARTAMENTO DE HACIENDA  
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LCDO PEDRO ORTIZ ALVAREZ L  
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CITIBANK  
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MC 65 BOX 6481  
PATILLAS, PR 00723

CRESCA CORPORATION  
PMB 92  
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JULIA ANNABEL PRIMERO MIRANDA  
LCDO EFRAIN GUZAM MOLLET  
EL VEDADO 471-A ALTOS AVE HOSTOSSUITE 140  
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MR MANUEL ALVARADO ALVARA  
PMB 289200 AVE RAFAEL CORDE  
CAGUAS, PR 00725

CWA INC  
COOP VILLA KENNEDY  
EDF 34 APT 524  
SAN JUAN, PR 00915

LA FAMILIA PAWN  
LA FAMILIA CAGUAS I  
CALLE LOPEZ FLORES NO 9  
CAGUAS, PR 00725

MRT LAW OFFICES PSC  
PO BOX 7255  
CAGUAS, PR 00726-7255

MUNICIPIO AUTONOMO DE CAGUAS  
DEPARTAMENTO DE FINANZAS  
APARTADO 907  
CAGUAS, PR 00726

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LCDO JAIME H BARCELO SOSA  
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SR EDWIN PAEZ HERNANDEZ  
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TOYOTA CREDIT DE PR CORP  
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CONSOLIDATION DEPARTMENT  
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